

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # A05000001944

1. Entity Name
CLEARVIEW CONSORTIUM, LTD.



Principal Place of Business
**1070 NORTH STONE STREET
SUITE D
DELAND, FL 32720 US**

Mailing Address
**1070 NORTH STONE STREET
SUITE D
DELAND, FL 32720 US**



01082007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3650852

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GOLDBERG, PAUL B M.D.
1070 NORTH STONE STREET
SUITE D
DELAND, FL 32720**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **L05000103174**
NAME **CLEARVIEW CONSORTIUM HOLDINGS, LLC**
STREET ADDRESS **1070 NORTH STONE STREET SUITE D**
CITY-ST-ZIP **DELAND, FL 32720**

U000000711020
04/25/07-80066-016 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

DOCUMENT #
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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Paul B. Goldberg, mD

Date

Daytime Phone #

4/9/07 386.822.9410